



# ***Application Portfolio***

***for Early Childhood through Grade 8***  
**2016 – 2017 School Year**

**Applicant's Name** \_\_\_\_\_  
**Entering Grade** \_\_\_\_\_  
**Today's Date** \_\_\_\_\_



# Infant of Prague Catholic School APPLICATION FORM

The information in this area will be entered in the School Speak / School Messenger system. All entries must be complete and legible.

## NEW STUDENTS ONLY

SCHOOL LAST ATTENDED: (full address needed to request records)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St./Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please list previous school applicant has attended:

| School | Grades Attended |
|--------|-----------------|
| _____  | _____           |
| _____  | _____           |

Has your child received prior evaluation for learning disorders or received special education services including counseling, special education placement or ancillary support services?  No  Yes If yes, please attach all related documentation.

Does your child have an IEP at school presently attending?  No  Yes If yes, please attach a copy of IEP.

## STUDENT INFORMATION

The following information is used in the case of an emergency. Please be sure information is legible and specific.

### MEDICAL INFORMATION

Medical Conditions:  No  Yes Explain: \_\_\_\_\_

Allergies:  No  Yes List Allergies: \_\_\_\_\_

Medications:  No  Yes Explain: \_\_\_\_\_

Only medications prescribed by a physician may be administered by the teacher. Authorization forms are required and are available in the school office.

**EMERGENCY CONTACT:** In the case of injury or illness parents will be telephoned first. In the event a parent is not able to be reached, the following individuals will be called.

Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Students will be released to father, mother, sibling, emergency contacts and anyone who is authorized on this form. Parents must make additions or subtractions to this list in person or in writing.

**AUTHORIZED PICK UP LIST:** persons other than parents who are authorized to pick up child. ID will be required.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## NEW STUDENT

I am registering my child in Infant of Prague Catholic School for the academic year 2016-2017, subject to the following conditions:

I understand as a new family interested in enrolling at Infant of Prague Catholic School that families of Infant of Prague parish will be accepted first, then other Catholic families and after that, all other families. Consideration is given to families already enrolled in Infant of Prague Catholic School for additional members of their immediate family. If there are more applicants in any of the above categories than there are available openings, priority will be given based upon receipt of **completed** applications.

Students not accepted due to lack of space will have their name placed on a waiting list. This list is kept through January of the school year in which I am seeking admission for my child.

If school is in session, all Fees and Tuition Payments will be paid upon acceptance. **I understand ALL FEES ARE NON- REFUNDABLE.** I also understand that Tuition Payments may be pro-rated in the event military transfer orders are presented.

**Application Fee (non-refundable): \$100.00 per student to be included with this application form**

This application is not a guarantee that you will be accepted by Infant of Prague Catholic School for the coming school year. It represents your request that Infant of Prague accept your child for enrollment during the coming year. Infant of Prague Catholic School reserves the right to decline enrollment.

I will adhere to the Financial Responsibility Policy as approved by the Infant of Prague Finance Committee.

**All the information contained on this application is true and accurate. Any omission or untruth could warrant non-acceptance or dismissal from the school program.**

---

Signature of Parent or Guardian

---

Date

**Please submit the \$100 Application Fee with the following items to the school office:**

- Application Form
- Updated Immunization Form
- Birth Certificate
- Baptismal Certificate (if Catholic)
- All Report Cards (1st through 8th)
- Standardized Test Results (1st through 8th)
- Aftercare Form (K through 8th) (one per family)
- Financial Responsibility Policy (one per family)

## RETURNING STUDENT

I am re-registering my child in Infant of Prague Catholic School for the academic year 2016-2017, subject to the following conditions:

Students not accepted due to lack of space will have their name placed on a waiting list. This list is kept through January of the school year in which I am seeking admission for my child.

**Application Fee (non-refundable): \$100.00 per student to be included with this application form**

This application is not a guarantee that you will be accepted by Infant of Prague Catholic School for the coming school year. It represents your request that Infant of Prague accept your child for enrollment during the coming year. Infant of Prague Catholic School reserves the right to decline enrollment.

I will adhere to the Financial Responsibility Policy as approved by the Infant of Prague Finance Committee.

**All the information contained on this application is true and accurate. Any omission or untruth could warrant non-acceptance or dismissal from the school program.**

---

Signature of Parent or Guardian

---

Date

**Please submit the \$100 Application Fee with the following items to the school office:**

Kindergarten

- Application Form
- Updated Immunization Form
- NC Kindergarten Health Form
- Aftercare Form (one per family)
- Financial Responsibility Policy (one per family)

Seventh Grade

- Application Form
- Updated Immunization Form
- Aftercare Form (one per family)
- Financial Responsibility Policy (one per family)

All Other Grades

- Application Form
- Aftercare Form (one per family)
- Financial Responsibility Policy (one per family)